

Name in Full

Certificate of Death

Ida Airey

Died at

Cambridge, Md. County

Dorchester

MARYLAND

Date 1903

Month Day

4 23

Age

Y. M. D. 5 9 24

Native of

Md

Occupation

Child

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband  
of  
WifeFather's  
Name

J. A. Fisher

Mother's  
Maiden Name

Sadie Airey

Cause of

Primary

Tertiary Syphilis

How long sick

3 mos.

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

E. E. Wolff M. D.

Address

Cambridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 73009



Name  
in  
Full

Askins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Cambridge</b> <sup>Town</sup>		<b>Worcester</b> <sup>County</sup>		MARYLAND	
Date of death 190 <b>3</b>	<b>apt</b> <sup>Month</sup>	<b>21</b> <sup>Day</sup>	Age <b>-</b> <sup>Years</sup>	<b>=</b> <sup>Months</sup>	<b>1</b> <sup>Days</sup>
Sex <b>male</b>	Color or Race <b>Colored</b>		Birth-place <b>Cambridge Md</b>		
Married, Single or Widowed <b>single</b>		Occupation <b>—</b>			
Name of Wife or Husband					
Father's Name <b>Frank Askins</b>			Father's Birthplace <b>W. Co. Md.</b>		
Mother's <del>Name</del> <b>Melvind Askins</b>			Mother's Birthplace <b>W. Co. Md</b>		
Name of person giving information <b>Ellen Stiles</b>			How <del>related</del> to deceased <b>Widow</b>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Inanition</b>	How long <b>1 day</b>
Immediate <b>as above</b>	How long <b>—</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Gay Stiles</b>
	Address <b>Cambridge Md.</b>
Accident or Suicide?	



Carrie Camper

Died at <sup>Town</sup> Cambridge <sup>County</sup> Dorchester MARYLAND

Date 1903 <sup>Month</sup> April <sup>Day</sup> 26. | <sup>Y.</sup> 22, <sup>M.</sup> 6, <sup>D.</sup> 19 | <sup>Native of</sup> Ind | <sup>Occupation</sup> Domestic

~~Male~~

~~White~~

~~Married~~

~~Widow~~

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's Name Thomas Camper

Mother's Maiden Name Maria Nichols

Cause of { Primary Acute Pneumonic Phthisis

How long sick  
6 weeks

Death { Immediate

Accident, Suicide, Homicide

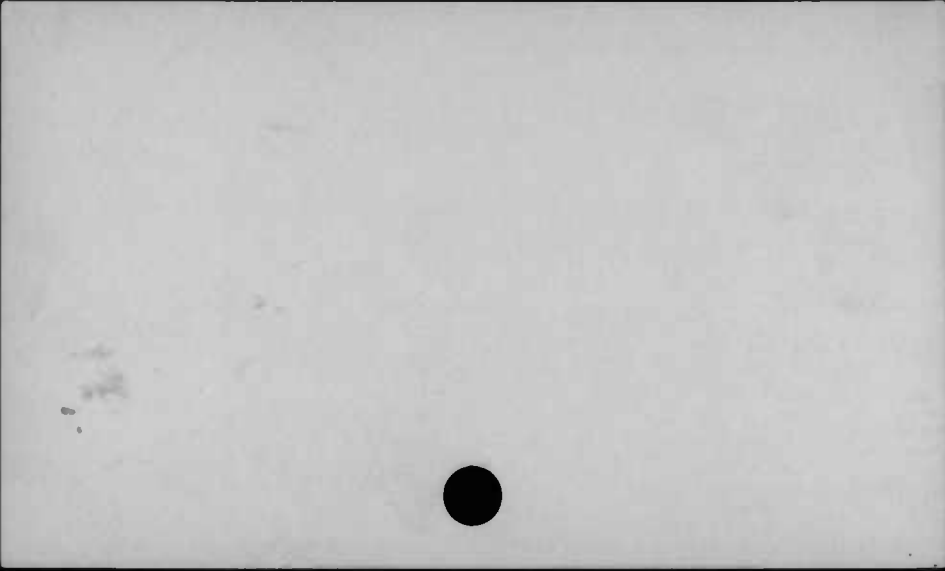
Reported by

Wilbur A. Drake, M.D.

Address

Cambridge Dorchester Co. X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Martha Chase

Town

County

Died at

Berde dochester

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

3 April 1910

Age

20

drowned at sea

~~Male~~

White

Married

Widow

Divorced

Female

Colored

~~Single~~

Widower

Number of children living

Husband of

S Chase

Wife

Father's

Name

James Wilson

Mother's

Maiden Name

Liza Wilson

Cause of

Primary

child birth

How long sick

6 days

Death

Immediate

John W Wilson

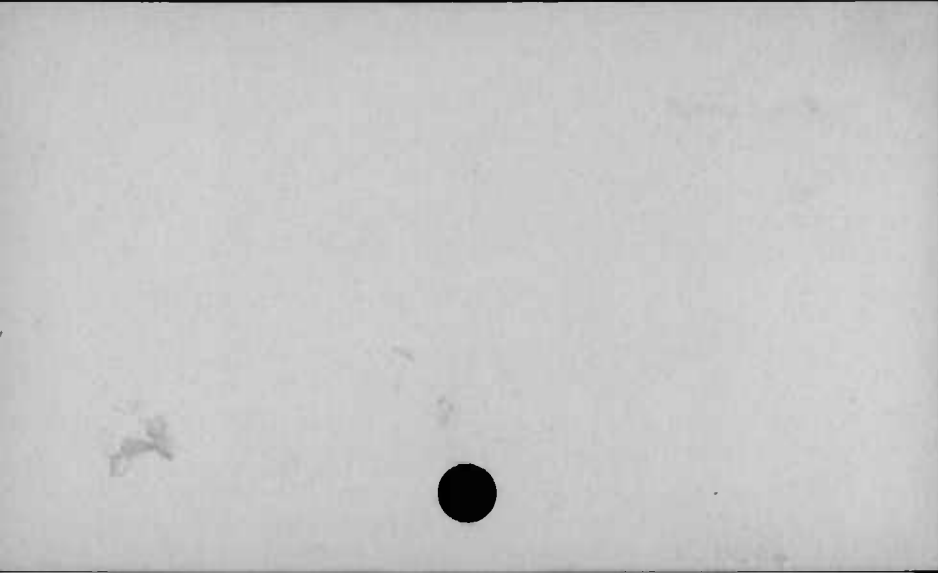
Accident, Suicide, Homicide

Reported by

Address

drowning dor 60 Geo W Hebreedy

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Daniel Archer Heam

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Cambridge		<sup>County</sup> Worcester		MARYLAND	
Date of death 1903	Month	Day	Age	Years	Months
3	apl.	13	23		4
Sex	Male	Color or Race	white	Birth-place	Br. Co. Md.
Married, Single or Widowed	Single	Occupation	Merchant		
Name of Wife or Husband —					
Father's Name			Father's Birthplace		
Wm. H. Heam			Br. Co. Md.		
Mother's Maiden Name			Mother's Birthplace		
Florence Annot			Br. Co. Md.		
Name of person giving information			How related to deceased		
Wm. Heam			Brother		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	16 months
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Wm. H. Heam M.D.
		Address	Cambridge Md.
Accident or Suicide?			



Name in Full

Certificate of Death

Martha R. Hurlock.

Died at <sup>Town</sup> Cambridge, <sup>County</sup> Md. Dorchester MARYLANDDate 1903 <sup>Month</sup> 4 <sup>Day</sup> 7 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> Age 25 - - Native of Md. Occupation Housework.

<del>Male</del>	White	Married	Widow	Divorced	Number of children living 4
Female	<del>Colored</del>	<del>Single</del>	Widower		

Husband of Benj. F. Hurlock.

Father's Name	John Richardson	Mother's Maiden Name	
---------------	-----------------	----------------------	--

Cause of Death	Primary	64	How long sick
	Immediate		Accident, Suicide, Homicide

Reported by E. E. Waff M.D.

Address Cambridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Susan A. Insley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Madison</i>		<sup>County</sup> <i>Orchester</i>		MARYLAND	
Date of death 1903	Month <i>Apr.</i>	Day <i>11<sup>th</sup></i>	Age Years <i>23</i>	Months <i>5</i>	Days <i>17</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Madison, Md.</i>		
Married, <del>Singl</del> <del>or Widowed</del>			Occupation <i>Housework</i>		
Name of <del>Wife</del> <i>Wm. J. Insley</i> Husband					
Father's Name <i>Thos. H. Wheeler</i>			Father's Birthplace <i>Madison, Md.</i>		
Mother's Maiden Name <i>Sarah E. Burton</i>			Mother's Birthplace <i>Madison Md.</i>		
Name of person giving information <i>Thomas H. Wheeler</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN,  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>about 8 months</i>
Immediate	<i>27</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>B. L. Smith M.D.</i>
		Address	<i>Madison, Md.</i>
Accident or Suicide?			



Name  
in  
Full

Edith Jenkins

## CERTIFICATE OF DEATH

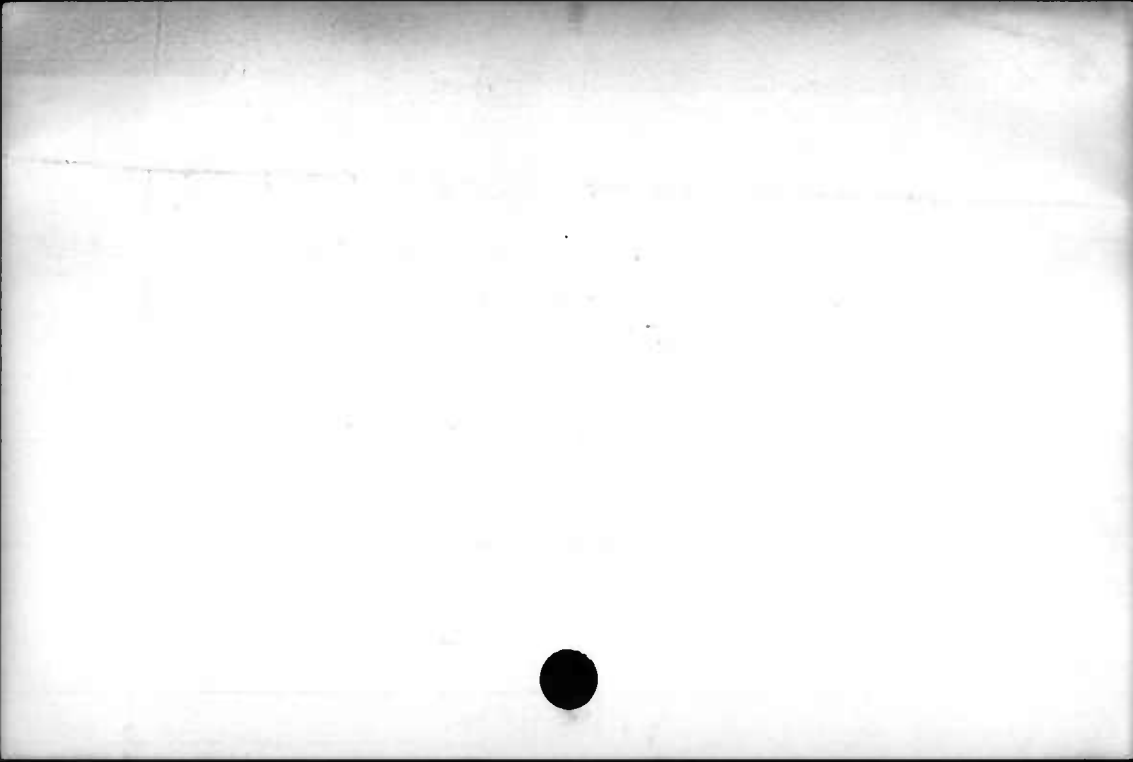
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death 190	3	Month April	Day 19	Age	22	Months	Days
Sex Female		Color or Race White		Birth- place Dorchester, Md			
Married, Single or Widowed		Married		Occupation Housewife			
Name of Wife or Husband		Hannah S Jenkins					
Father's Name		W. M. Cook				Father's Birthplace Dorchester, Md	
Mother's Maiden Name		May E. Homer				Mother's Birthplace Dorchester, Md	
Name of person giving information		Bessie H Cook				How related to deceased Sister	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Rupture of uterus	How long	5 days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		B. M. Goler	
Address		Cambridge, Md	
Accident or Suicide?			





Name in Full

Certificate of Death

Rebecca Jew

(Jews)

P.O.

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1900

apt

14

Age 19

md

~~Male~~

White

Married

Widow

~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Thos. H. Jew

Cause of

Primary

Consumption 27

How long sick

4 mos.

Death

Immediate

Ephraim

Accident, Suicide, Homicide

Reported by

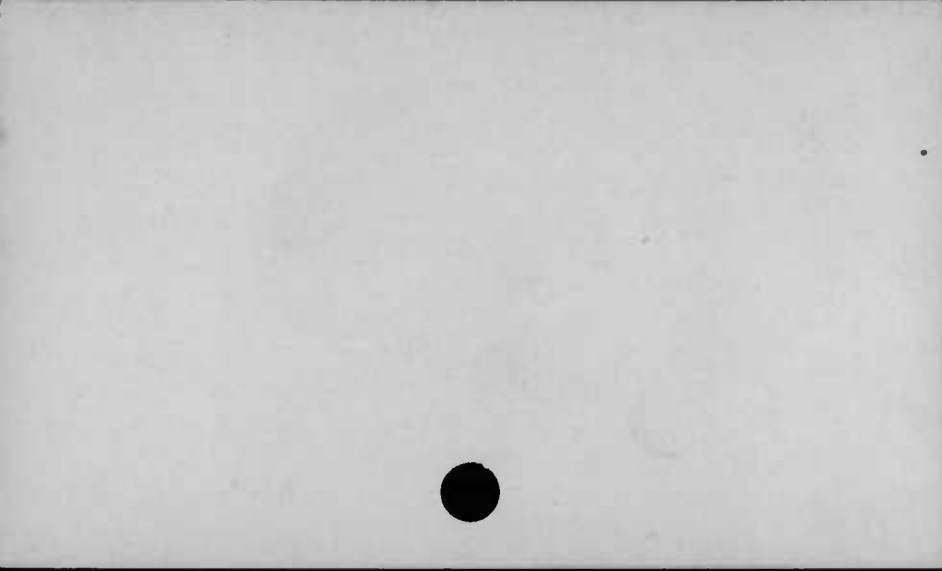
J. H. Jew

Address

Cambridge md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79892



Name  
in  
Full

Catherine Johnson

## CERTIFICATE OF DEATH

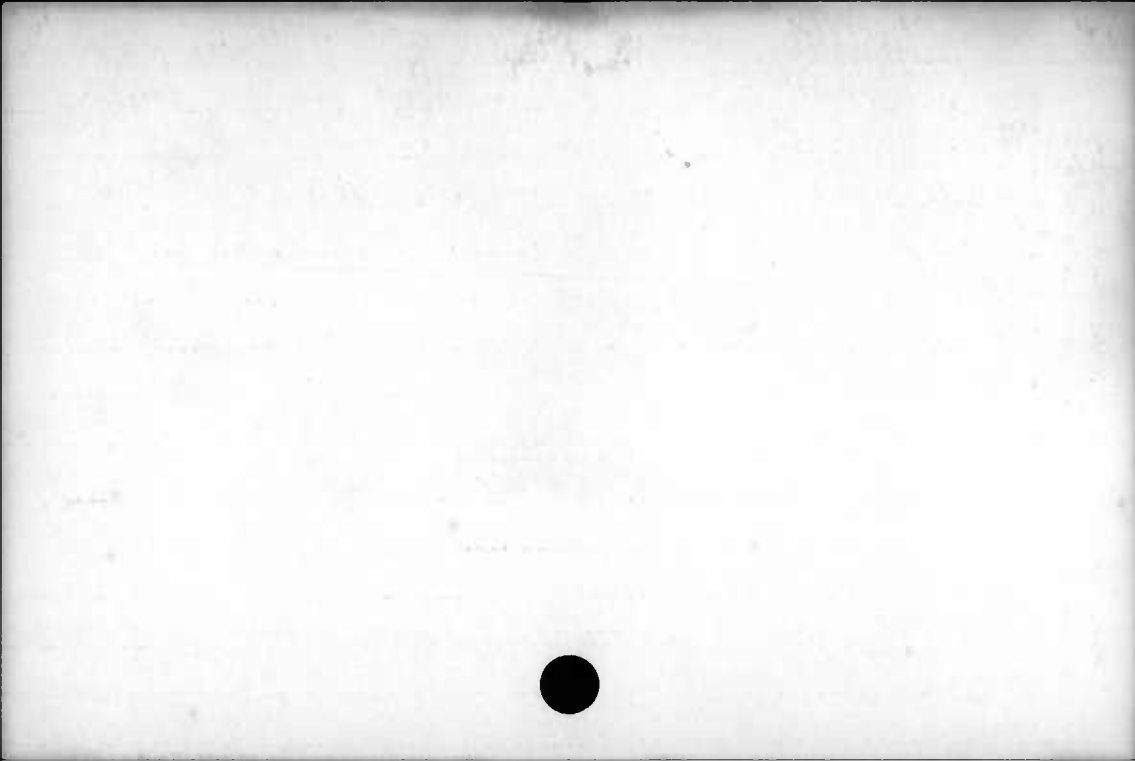
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Chap</u> <sup>Town</sup>		<u>Dorchester</u> <sup>County</sup>		MARYLAND	
Date of death 190	<u>3</u> <sup>Month</sup> <u>Apr</u> <sup>Day</sup>	Age	<u>65</u> <sup>Years</sup>	Months	Days
Sex	<u>Female</u>	Color or Race	<u>Negro</u>	Birth-place	<u>Md</u>
Married, Single or Widowed	<u>Single</u>	Occupation	<u>Housework</u>		
Name of Wife or Husband					
Father's Name <u>Johnson</u>				Father's Birthplace	
Mother's Maiden Name <u>Lottie Johnson</u>				Mother's Birthplace <u>Md</u>	
Name of person giving information <u>Frank H. Johnson</u>				How related to deceased <u>Son</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Grip</u> <u>10</u>	How long	<u>3 weeks</u>
Immediate	<u>Organic Heart Disease</u>	How long	<u>10 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>E. A. P. Jones</u>
		Address	<u>Chap. Md</u>
Accident or Suicide?			



Name in Full

Certificate of Death

Charles Edgar Johnson

near <sup>Town</sup> *Beulah* <sup>County</sup> *Dorchester* MARYLAND  
 Died ~~at~~ *1903* <sup>Month</sup> *April* <sup>Day</sup> *17<sup>th</sup>* <sup>Y.</sup> *8* <sup>M.</sup> *7* <sup>D.</sup> *7* <sup>Native of</sup> *Maryland* <sup>Occupation</sup>  
 Date ~~1903~~ *1903* <sup>Age</sup> *8* *7* *Maryland*  
 Male *White* ~~Married~~ *Widow* ~~Divorced~~  
~~Female~~ ~~Colored~~ *Single* *Widower* <sup>Number of children living</sup>

Husband  
of  
Wife

Father's Name *Charles R. Johnson* Mother's Name *Alise May Johnson*

Cause of Death { Primary *Pneumonia* <sup>How long sick</sup> *6 days*  
 { Immediate *Exhaustion* *93* <sup>Accident, Suicide, Homicide</sup>

Reported by

*G. A. Haefner M.D.*

Address

*Hurlock*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Mary Carolina Johnson

Died at <sup>Town</sup> Fishing Creek <sup>County</sup> Dorchester Co. MARYLAND

Date 1903 April 17<sup>th</sup> Age 35-6-17<sup>th</sup> Native of Md Occupation Housewife

Female Colored Married Widower

Husband of Geo. R. Johnson

Father's Name Frank Cornish Mother's Name Louisa Mackins

Cause of Death Primary Syphilis, Gummatous Meningitis How long sick 3 years

Death Immediate Senile Paralytic, Convulsions, Exhaustion

Reported by W. H. Horner, M.D.

Address Fishing Creek, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

*Naeline Komunda*  
 Died at *Oyster Shell Pt* Town *Dorchester* County *MARYLAND*

Date 1903 *Apr 29* Month *Apr* Day *29* Y. *4* M. *4* D. *4* Native of *Maryland* Occupation  
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ *Widower* Number of children living

Husband  
 of  
 Wife

Father's Name *John Komunda* Mother's Maiden Name *Barbara Komunda*

Cause of Death { Primary *Spasms* Immediate *71* How long sick *1 week*  
 Accident, Suicide, Homicide

Reported by *H. H. Willis & Bros Undertakers*

Address *Cambridge* *Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

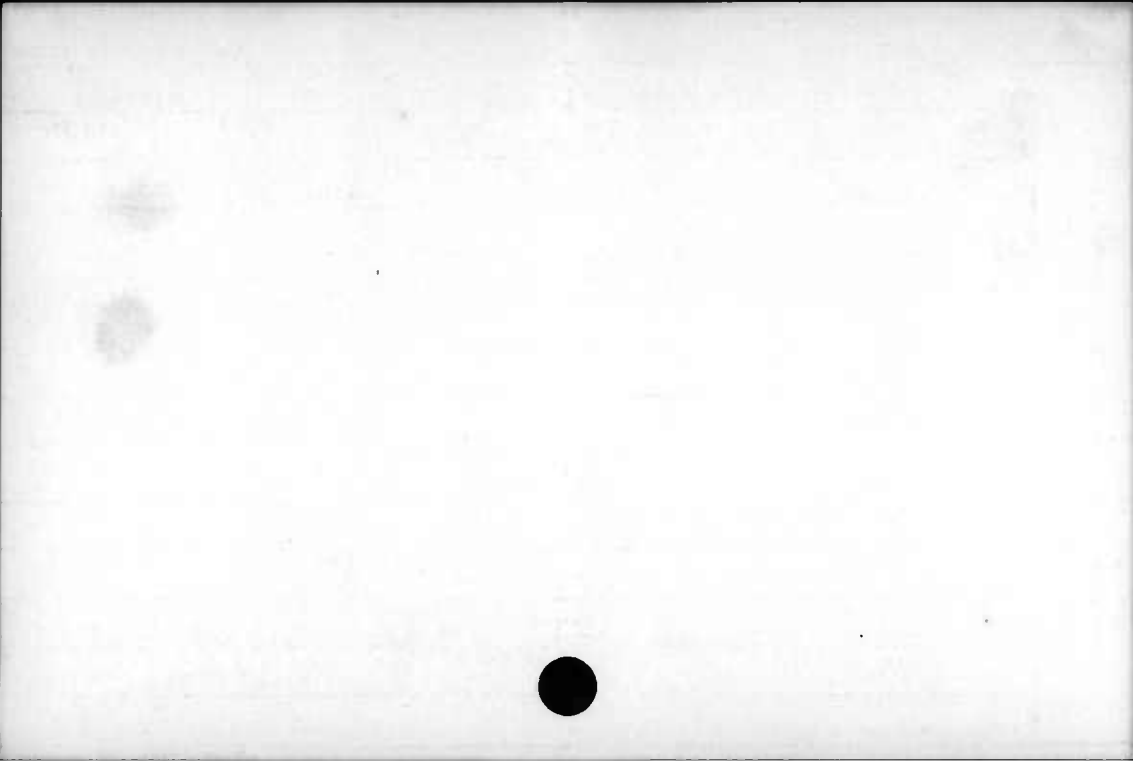
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Williamshugh</i> <sup>Town</sup>		<i>Dor</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>3</i> <sup>Month</sup>	<i>23</i> <sup>Day</sup>	Age <i>79</i> <sup>Years</sup>	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Married, Single or Widowed <i>Single</i>	Occupation <i>farmer</i>				
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart Disease</i>	How long <i>3 months</i>
Immediate	How long <i>79</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. Kemp Jefferson</i>
	Address <i>Federalshugh md</i>
Accident or Suicide? <i>—</i>	



TO BE ANSWERED BY NEAREST FRIEND	Name in Full <i>Herbert Milligan</i>				CERTIFICATE OF DEATH			
	Died at <i>Williamsburg</i>		Town <i>Dor</i>		County		MARYLAND	
	Date of death 190 <i>3</i>		Month <i>Apr</i>		Day <i>16</i>		Age <i>95</i>	
	Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md</i>		Months	
	Married, Single or Widowed <i>married</i>		Occupation <i>laborer</i>					
	Name of Wife or Husband <i>Annie Brown</i>							
	Father's Name				Father's Birthplace			
	Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased				

### CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Accident</i>		How long	
	Immediate <i>166</i>		How long	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R Kemp Jefferson</i>	
			Address <i>Federalburg</i>	
	Accident or Suicide? <i>Accident</i>		<i>md</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i> <sup>Town</sup>		<i>Winchester</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>3</i> <sup>Month</sup> <i>April</i>	<i>17</i> <sup>Day</sup>	Age <i>71</i> <sup>Years</sup>	<i>-</i> <sup>Months</sup>	<i>-</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Richmond Va.</i>			
Married, Single or Widowed <i>Widowed</i>	Occupation <i>Suburban</i>				
Name of Wife or Husband <i>-</i>					
Father's Name <i>Martin Sims</i>	Father's Birthplace <i>Va</i>				
Mother's <del>Name</del> <i>Martina Sims</i>	Mother's Birthplace <i>Va</i>				
Name of person giving information <i>Martina Sims</i>	How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Valvular heart disease</i>	How long <i>54 years</i>
Immediate <i>Exhaustion</i>	How long <i>79</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Guy Steele</i>
	Address <i>Cambridge Spd.</i>
Accident or Suicide?	





Joseph Ross Travers

Town

County

Died at Hoopersville, Chester County, MARYLAND

Date 1903 April 15<sup>th</sup> Age 3 15<sup>th</sup> Native of Ind Occupation Infant

Female Colored

Father's Name Sam. Banks Travers Mother's Name Zula Ross

Cause of Death Primary Illco Colitis Immediate Intoxication Exhaustion

How long sick 2 weeks

Accident, Suicide, Homicide

Reported by W. H. Houston M. D. 105

Address Fishing Creek Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Dora Tucker

Died at <sup>Town</sup> Cambridge, <sup>County</sup> Dorchester, MARYLAND

Date 1903 April 12 | Age 29 5 - | Native of Md | Occupation Capt Chucker

Male White Married Widower Divorced

Female Colored Single Widower Number of children living none

Husband of Joseph Tucker

Wife

Father's Name Jerry Johnson Mother's Maiden Name Ann Maria Johnson

Cause of Death { Primary Acute Pneumonic tuberculosis 3 months

Death { Immediate

How long sick

Accident, Suicide, Homicide

Reported by Wilbur A. Draks M.D.

Address Cambridge, Dorchester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Infant Tyler

Town

County

MARYLAND

Died at

Fishing Creek

Dorchester County

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

April 16

Age

Male

White

~~Married~~~~Widow~~~~Single~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

~~\_\_\_\_\_~~

Wife

Father's

Name

Levi D Tyler

Mother's

Maiden Name

Bessie E. Brubaker

Cause of

Primary

Unknown Died

Death

Immediate

in utero at term

Reported by

W. H. Houston M.D.

Address

Fishing Creek

Dorchester Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79008



Name  
in  
Full

Minnie

Williams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lloyd</i> Town		<i>Barthester</i> County		MARYLAND	
Date of death 190 <i>4</i>	Month <i>Apr</i>	Day <i>20</i>	Age <i>22</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>X</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Housework</i>		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Geo H Wilson</i>			How related to deceased <i>none</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Epilepsy</i>	How long <i>69</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>SA Stokes</i>
	Address # <i>5 Cambridge</i>
Accident or Suicide?	<i>med</i>





Name  
in  
Full

King Henry Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lloyds</i> Town		<i>Bochester</i> County		MARYLAND	
Date of death 1903	Month <i>Apr</i>	Day <i>4</i>	Age <i>0</i>	Months <i>7</i>	Days <i>7</i>
Sex <i>male</i>	Color or Race <i>negro</i>		Birth-place <i>Cornersville</i>		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name <i>H m Wilson</i>			Father's Birthplace <i>Cornersville</i>		
Mother's Maiden Name <i>Hattie Travers</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Hattie Travers</i>			How related to deceased <i>mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute bronchitis</i>	How long <i>90</i>	How long <i>1 week</i>
Immediate		
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S A Stokes</i>	
	Address <i>#5 Cambridge</i>	
Accident or Suicide?	<i>md</i>	

